

**SDAB, INC**

8755 S. LAS VEGAS BLVD

LAS VEGAS, NV 89103 US

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sdabfleet@gmail.com

<https://sandiegosautobody.com>

## Estimate

**ADDRESS**

GSA FLEET

**ESTIMATE #** G63-2897U**DATE** 01/08/2020

SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
<b>Parts</b>	Hood Bumper Assy LT fender Radiator Support Radiator Condenser Baffles Restraint systems Airbags and sensors Push Bar	1	8,500.00	8,500.00
<b>Body Labor</b>		36	55.00	1,980.00
<b>Paint Labor</b>		18.20	55.00	1,001.00
<b>Frame Labor</b>		11	85.00	935.00
<b>Materials and Paint</b>		18.20	55.00	1,001.00

Preliminary estimate

**TOTAL****\$13,417.00**

Accepted By

Accepted Date

Enter Sub-Menu Option:

Submit

Repair History Query - FM1200

Tag

G

-

63

-

2897U

VIN

1FT8W3BT7FEA60086

Search

Zone:

4

Region :

09

FMC :

13

Sub-FMC :

00

NO MORE HISTORY

Submit

Prev Function

NV(ext)

PV(revious)

Clear

FM1301

FM1500

VQ

Customer No09-13-00-777777-0191Inventory Status83Date03/17/20TLREGarage Zip89023

FSRFSR Phone-Manufacturer02Year2015ModelF350

ContactDANIEL LAMONContact Phone702-388-6051OLSXFuel Type20Warranty

Equipment635206Engine Code08Displacement6.70TransT2GVWR11200

AccyMiles74941TireLT265/70R17Project Repl. Date07/2022Ordered

Last PM# and Date #09 07-2019Next PM# and Date #10 07-2020OD PM# and Date #00 00-0000State InspectionRepair Max

Last PM Mileage071979Next PM Mileage000000OD PM Mileage000000Lost/Stolen

Message

GOV WAS INVOLVED IN A SEVERE ACCIDENT. FRONT END DESTROYED AND BOTH AIR BAGS

(\*\*--MORE \*\*)

Next

Previous

C	Rsn	Sys	Assembly	Qty	Date	Miles	Vendor	Est	Amount	ACT No	ID
2	04	17	<a href="#">TPMS RELEARN</a>	01	171013	056962	<a href="#">VG9029002</a>	A	39.95	<a href="#">I0773701</a>	7WDH
2	04	17	<a href="#">TIRE ROTATION</a>	02	171013	056962	<a href="#">VG9029002</a>	A	14.00	<a href="#">I0773701</a>	7WDH
4	04	11	<a href="#">FRONT END ALIGN</a>	01	170412	049226	<a href="#">315123656</a>	A	79.95	<a href="#">I0746171</a>	4153
5	04	17	<a href="#">TIRE, RADIAL REG</a>	02	161011	041631	<a href="#">VI72JF202</a>	A	330.76	<a href="#">I0722969</a>	7MSS
2	04	17	<a href="#">MOUNT &amp; BALANCE</a>	02	161011	041631	<a href="#">VI72JF202</a>	A	29.00	<a href="#">I0722969</a>	7MSS
5	04	16	<a href="#">FR SHOCK ABSORBER</a>	02	161011	041631	<a href="#">VI72JF202</a>	A	310.00	<a href="#">I0722969</a>	7MSS
2	04	41	<a href="#">AIR CLEANER, ELEM</a>	01	161011	041631	<a href="#">VI72JF202</a>	A	42.92	<a href="#">I0722969</a>	7MSS
2	04	02	<a href="#">W/S WIPER BLADE</a>	02	160512	028455	<a href="#">VI72JF202</a>	A	37.00	<a href="#">I0702944</a>	7CMS
5	04	17	<a href="#">TIRE, RADIAL, M/S</a>	04	160512	028455	<a href="#">VI72JF202</a>	A	661.52	<a href="#">I0702944</a>	7CMS
0			-				-				

\*\*\*\*\* WARNING \*\*\*\*\*

This is a U.S. General Services Administration Federal government computer system that is "FOR OFFICIAL USE ONLY." This system is subject to monitoring. Therefore, no expectation of privacy is to be assumed. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

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**MOTOR VEHICLE  
ACCIDENT REPORT**Please read the  
Privacy Act  
Statement on Page 3

INSTRUCTIONS: Sections I through IX are filled out by the vehicle operator. Section X, items 73 thru 83c are filled out by the operator's supervisor. Section XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.

**SECTION I - FEDERAL VEHICLE DATA**

1. DRIVER'S NAME (Last, First, Middle) (b) (6)		2. DRIVER'S LICENSE NO./STATE/LIMITATIONS (b) (6)		3. DATE OF ACCIDENT 12/30/2019	
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS (b) (6)				4b. WORK TELEPHONE NUMBER (b) (6)	
5. TAG OR IDENTIFICATION NUMBER G63-2987U	6. EST. REPAIR COST \$	7. YEAR OF VEHICLE 2015	8. MAKE Ford	9. MODEL F350	10. SEAT BELTS USED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
11. DESCRIBE VEHICLE DAMAGE Front end damaged					

**SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed)**

12. DRIVER'S NAME (Last, First, Middle) (b) (6)		13. SOCIAL SECURITY NO./ TAX IDENTIFICATION NO.		14. DRIVER'S LICENSE NO./STATE/LIMITATIONS (b) (6)	
15a. DRIVER'S WORK ADDRESS				15b. WORK TELEPHONE NUMBER	
16a. DRIVER'S HOME ADDRESS (b) (6)				16b. HOME TELEPHONE NUMBER	
17. DESCRIPTION OF VEHICLE DAMAGE Rear bumper damaged				18. ESTIMATED REPAIR COST \$	
19. YEAR OF VEHICLE	20. MAKE OF VEHICLE Trailer	21. MODEL OF VEHICLE Cargo Trailer		22. TAG NUMBER AND STATE (b) (6)	
23a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS ACE American Insurance Company 436 Walnut St, Philadelphia, PA 19106				23b. POLICY NUMBER (b) (6)	
23c. TELEPHONE NUMBER				25b. TELEPHONE NUMBER	
24. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		25a. OWNER'S NAME(S) (Last, First, Middle) Gardner Trucking Inc.			
26. OWNER'S ADDRESS(ES)					

**SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed)**

27. NAME (Last, First, Middle) N/A				28. SEX	29. DATE OF BIRTH
30. ADDRESS					
A	31. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		32. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	33. LOCATION IN VEHICLE	34. FIRST AID GIVEN BY
	35. TRANSPORTED BY		36. TRANSPORTED TO		
37. NAME (Last, First, Middle)				38. SEX	39. DATE OF BIRTH
40. ADDRESS					
B	41. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		42. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	43. LOCATION IN VEHICLE	44. FIRST AID GIVEN BY
	45. TRANSPORTED BY		46. TRANSPORTED TO		
47. Pedestrian	a. NAME OF STREET OR HIGHWAY			b. DIRECTION OF PEDESTRIAN (SW corner to NW corner, etc.) FROM TO	
	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (crossing intersection with signal, against signal, diagonally, in roadway playing, walking, hitchhiking, etc.)				



# SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VII if additional space is needed)

48. DATE OF ACCIDENT 12/30/2019 49. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).

50. TIME OF ACCIDENT

6:00

☒ AM

☐ PM

Highway 58, east of Tehachapi.

51. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

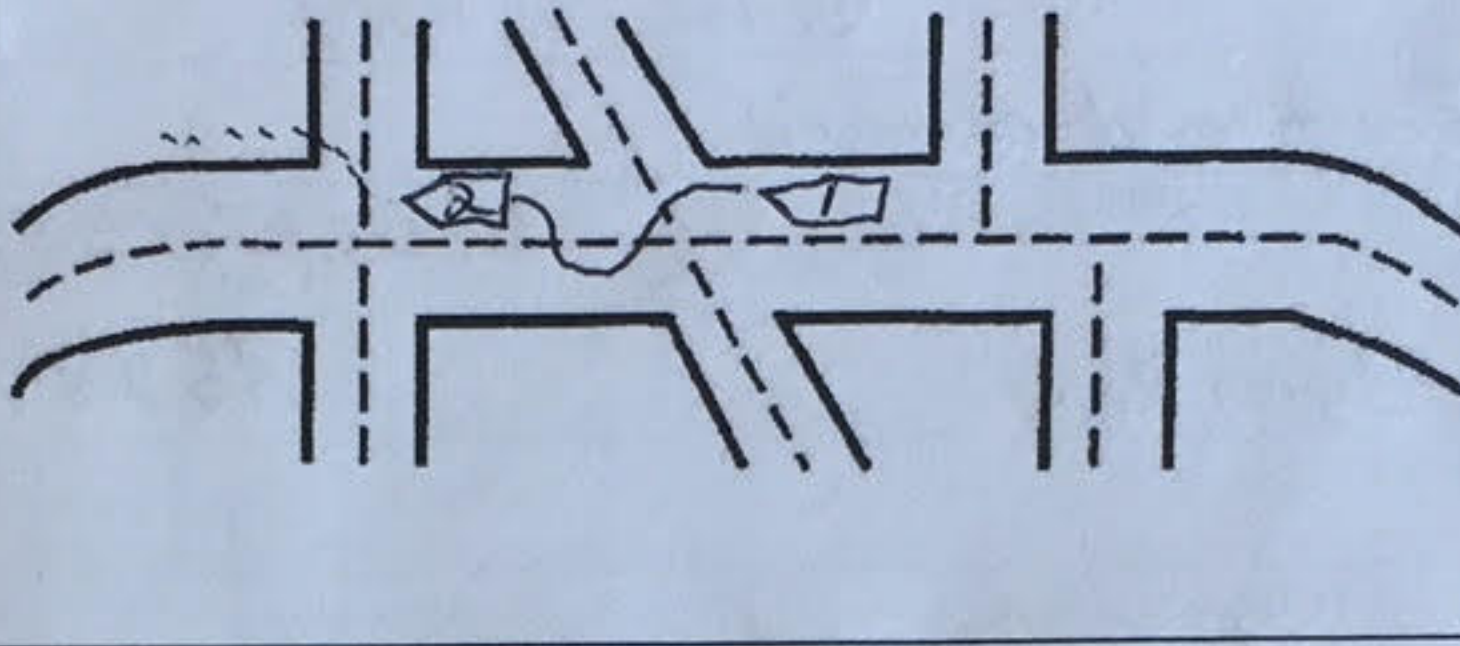
Example. → 1 ← 2 ←

b. Use solid line to show path before accident and broken line after the accident.

c. Show pedestrian by → ○

d. Show railroad by + + + + +

e. Place arrow in this circle to indicate NORTH



52. POINT OF IMPACT (Check one for each vehicle)

FED	2	AREA
<input checked="" type="checkbox"/>		a. Front
		b. Right Front
		c. Left Front
	<input checked="" type="checkbox"/>	d. Rear
		e. Right Rear
		f. Left Rear
		g. Right Side
		h. Left Side

53. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.), condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making a U-turn, passing, stopped in traffic, etc.).

While changing lanes during passing, black ice on road caused FED truck to slide back into lane and collide with rear of trailer on vehicle 2. Vehicle 2 was towing 2 trailers, and rear trailer bumper was damaged.

Average speed of Fed vehicle was 65-70 mph. Vehicle 2 speed unknown. Road conditions were wet, rain/snow. Approximately 6 AM, sun not up with overcast sky. Visibility was low.

## SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

A	54. NAME (Last, First, Middle)	55. WORK TELEPHONE NUMBER	56. HOME TELEPHONE NUMBER
	57. WORK ADDRESS	58. HOME ADDRESS	
B	59. NAME (Last, first, middle)	60. WORK TELEPHONE NUMBER	61. HOME TELEPHONE NUMBER
	62. WORK ADDRESS	63. HOME ADDRESS	

## SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

64a. NAME OF OWNER (Last, first, middle)	64b. WORK TELEPHONE NUMBER	64c. HOME TELEPHONE NUMBER
64d. WORK ADDRESS	64e. HOME ADDRESS	
65a. NAME OF INSURANCE COMPANY	65b. TELEPHONE NUMBER	65c. POLICY NUMBER
66. ITEM DAMAGED	67. LOCATION OF DAMAGED ITEM	68. ESTIMATED COST

## SECTION VII - POLICE INFORMATION

69a. NAME OF POLICE OFFICER	69b. BADGE NUMBER	69c. TELEPHONE NUMBER
70. PRECINCT OR HEADQUARTERS	71a. PERSON CHARGED WITH ACCIDENT	71b. VIOLATION(S)



**SECTION VIII - EXTRA DETAILS**

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

**PRIVACY ACT STATEMENT**

The information on this form is subject to the Privacy Act of 1974 (5 U.S.C. section 552a). Authority to collect the information is Title 40 U.S.C. Section 491 and the title 31 U.S.C. Section 7701. The information is required by Federal Government agencies to administer motor vehicle programs, including maintaining records on accidents involving privately owned and Federal fleet vehicles, and collecting accident claims resulting from accidents. Federal employees, and employees under contract, will use the information only in the performance of their official duties. Routine uses of the collected information may include disclosures to: appropriate Federal, State, or local agencies or contractors when relevant to civil, criminal, or regulatory investigations or prosecutions; the Office of Personnel Management and the General Accounting Office for program evaluation purposes; a Member of Congress or staff in response to a request for assistance by the individual of record; another Federal agency, including the Department of the Treasury and Justice, or a court under judicial proceedings; agency Inspectors General in conducting audits; private insurance and the collection agencies (including agencies under contract to Treasury to collect debt), and to other agency finance offices for federal management and debt collection. Furnishing the requested information is mandatory, including the Social security Number or Taxpayer's Identification Number (TIN) for use as a unique identifier to ensure accurate identification for individuals or firms in the system.

**SECTION IX - FEDERAL DRIVER CERTIFICATION**

I certify that the information on this form (Sections I thru VII) is correct to the best of my knowledge and belief.

72a. NAME AND TITLE OF DRIVER

(b) (6)

72b. DRIVER'S SIGNATURE AND DATE

(b) (6)

**SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED**

73. ORIGIN

Highway 58

74. DESTINATION

Las Vegas

75. EXACT PURPOSE OF TRIP

Deliver Vehicle to GSA

76. TRIP BEGAN

DATE

12/30/2019

TIME (Include AM or PM)

3 AM

77. ACCIDENT  
OCCURRED

DATE

12/30/2019

TIME (Include AM or PM)

6 AM

78. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR

☒ ORALLY☐ IN WRITING (Explain)

79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE?

☒ NO☐ YES (Explain)

80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS?

☒ YES☐ NO (Explain)

81. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED?

☒ NO☐ YES (Explain)82. COMPLETED  
BY DRIVER'S  
SUPERVISOR

a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY?

☐ YES☐ NO

b. COMMENTS

N/A

83a. NAME AND TITLE OF SUPERVISOR

83b. SUPERVISOR'S SIGNATURE AND DATE

83c. TELEPHONE NUMBER



**SECTION XI - ACCIDENT INVESTIGATION DATA**84. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION? ☒ NO ☐ YES (If checked, explain below.)**85. PERSONS INTERVIEWED**

NAME		DATE	NAME		DATE
a.	N/A		c.		
b.			d.		

86. ADDITIONAL COMMENTS (Indicate section and item number of each comment)

**SECTION XII - ATTACHMENTS**

87. LIST ALL ATTACHMENTS TO THIS REPORT

**SECTION XIII - COMMENTS/APPROVALS**

88. REVIEWING OFFICIAL'S COMMENTS

**89. ACCIDENT INVESTIGATOR**

a. SIGNATURE		b. DATE
c. NAME (First, Middle, Last)		
d. TITLE		
e. OFFICE		
f. OFFICE TELEPHONE NUMBER		
AREA CODE	NUMBER	EXTENSION

**90. ACCIDENT REVIEWING OFFICIAL**

a. SIGNATURE		b. DATE
c. NAME (First, Middle, Last)		
d. TITLE		
e. OFFICE		
f. OFFICE TELEPHONE NUMBER		
AREA CODE	NUMBER	EXTENSION















